

PM

GO TO SLEEP SAN DIEGO - WEEKLY SLEEP DIARY

* Please fill out before going to bed at night.

	Sample	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
DATE								
A. How many times did you nap or doze off during the day?	2 times							
In total, how long did you nap or doze?	60 min							
B. How many alcoholic drinks did you have today?	3 drinks							
What time was your last alcoholic drink?								
C. How many caffeinated drinks did you have today?	2 drinks							
What time was your last caffeinated drink?								
D. Did you take any medication(s) to help you sleep?	Yes							
If so, please list the name and dose of medication(s).	melatonin, 3mg							
At what time did you take each medication?								
E. Please check off each meal or snack you ate today:	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner	<input type="checkbox"/> breakfast <input type="checkbox"/> AM snack <input type="checkbox"/> lunch <input type="checkbox"/> PM snack <input type="checkbox"/> dinner
F. TOTAL MINUTES EXERCISING								
G. TOTAL MINUTES OUTDOORS or near window with sunlight								
H. Time of day MOST ALERT								
.....LEAST ALERT								
Notes or comments:	tired after meals							

